

NOTICE OF INDEPENDENT REVIEW DECISION

July 3, 2002

RE: MDR Tracking #: M2-02-0711-01

IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 76 year old male sustained a work related injury on ___ when a cotton stripping basket fell on his head. The patient has been diagnosed with cervicgia. An MRI of the left shoulder was performed on 05/05/00 and revealed a full thickness tear of the supraspinus tendon and hypertrophic change of the acrominoclavicular joint producing moderate impingement. It appears that the treating anesthesiologist is recommending that the patient have trigger point injections x 14.

Requested Service(s)

Trigger point injections x 14

Decision

It is determined that trigger point injections x 14 are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is no medical documentation of the presence of 14 true trigger points by examination, only tenderness throughout the upper back. The diagnosis of "myofacial pain syndrome" is likely related to the patient's age and degenerative process of life. Medical record documentation indicates that the patient received 10 trigger point injections on 10/23/00, and 01/22/01; 6 on 07/11/01; 15 on 10/10/01; and 14 on 10/13/01. It is not medically necessary to continue with

excessive numbers of trigger point injections.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,